ABDOMINAL PREGNANCY AT FULL TERM

(A Case Report)

by

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There is a considerab'e number of case reports on series of advanced extra-uterine pregnancy (Beacham *et al*, 1962; Jacob and Bhargawa, 1969 and Khanam and Shah, 1976). However, it is rare that an abdominal pregnancy reaches term with delivery of a living infant. We came across such a case at the Government Maternity Hospital, Pondicherry.

CASE REPORT

Mrs. M., was a second gravida, aged 30 years and infertile for 4 years fo lowing a full term normal delivery. She was referred from a Primary Health Centre as a case of ovarian tumour on the 10th of November 1976 at 5 p.m. She had amenorrhoea of 10 months' duration and colicky abdominal pain for 24 hours. There was no history of abdominal pain or vaginal bleeding earlier in pregnancy. Bowels were regular and micturition normal. Her last menstrual period was on the 10th of February; the expected date of delivery being 17th of November.

The patient was emaciated and moderately anaemic; pulse rate was 100/mt. and blood pressure of 110/80 mm Hg was recorded. She had no oedema feet. Cardiovascular and respiratory systems were normal. Abdomen appeared to be irregu'arly enlarged. Foetal parts were extremely superficial. The head was in the right hypochondium. No definite uterine outline could be discovered. Fetal heart sounds were located in the epigastrium. The size of fetus was estimated to be p kg. A non-mob'e, non-tender, cystic mass occupied the suprapub'c region. On pelvic examination posterior lip of the cervix was hypertrophic and OS was closed. Exact size of the uterus could not be made out. The mass in suprapubic region was felt through anterior fornix. A firm mass of about 8-10 cm in diameter was pa!pated through left and posterior fornices.

A diagnosis of advanced abdominal pregnancy with multiple fibroids was made. It was confirmed by intravenous syntocinon, a plain abdominal x-ray and an x-ray with sound in uterine cacity (Figs. 1 and 2).

A laparotomy was performed since the pregnancy had already reached term. A live female baby weighing 2.35 kg. was lying in the peritoneal cavity without an amniotic sac. The omentum was adherent to the foetal scalp, fingers and toes. The same was released. The cord was divided and ligated. No attempt was made to remove the placenta which was attached to the superior surface of the bladder and parietal peritoneum. Posterior surface of uterus, tubes and ovaries were normal.

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The baby expired after 24 hours and the post-mortem examination revealed atelectasis of both lungs.

The patient was discharged on the 18th post operative day in good condition.

Discussion

In our hospital this was the only case of advanced abdominal pregnancy in the last 5 years. During the period there were 31,281 deliveries. The incidence recorded by other authors is much higher 1:16,370 (Douglas and Kohn, 1963), 1:6,809 (Begum, 1968) and 1:21,600 (Khanam and Shah, 1976) deliveries.

There was no difficulty in diagnosing the abdominal pregnancy. However, the suprapubic mass (placenta over the bladder) and the mass in left and posterior fornices (uterus) were interpreted as multiple fibroids. Similar problem was faced by Munro Kerr in one of his cases (Moir and Myerscough, 1971).

The unusual feature in this case was the absence of recurrent attacks of abdominal pain and vaginal bleeding earlier in pregnancy. On laparotomy there was no free blood in peritoneal cavity and the uterus, tubes and ovaries appeared normal. These features led us to think in terms of a primary abdominal pregnancy (Jeffcoate, 1975).

No attempt was made to remove the placenta as it was situated on the bladder and there was no sign of its separation. Hreshchyshyn *et al* (1961) feel that an attempt should be made to remove the placenta at the original laparotomy. In an analysis of 101 of their cases, placenta had to be left in situ in only 28.7% of cases.

At birth, the Baby had an apgar of 10/10, and apparently had no congenital malformation as noted by Rao (1972) Khanam and Shah (1976).

Summary

A case of abdominal pregnancy advanced to term where a living foetus was delivered has been reported.

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See Figs. on Art Paper III